Revised 06/05

CAMPAIGN DISCLOSURE BOARD DES MOINES, IA 50319

2007 DEC 13 PM 2: Adx: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only	
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Audited	
Checked	
Computer	

DEPARTMENT OR OFFICE	RECEIVING THE GIF	T, BEQUEST	, OR GRANT
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State Training School	
Name of Department or Office	na, LA, 50627
Mailing Address City,	State, Zip Code
641-858-5402 Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	
Millie Dagit Namo	
3211 Edgington Ave.	Eldora, 1A, 50627 City, State, Zip (if different from above)
Mailing Address (if different from above) mdagin@dhs.statc.ia.us	Oldy, State, 219 (If different from assets)
Email Address	Area Code & Telephone Number (if different from above)
AND OF OUR PROUEST OF ORALLY.	
ONOR OF GIFT, BEQUEST, OR GRANT:	-
American Legion Aux	
Name	
112 S Fort Ave Eagle Grove, Iowa 50533	\$ 100.00
Mailing Address City, State, Zip Code	
	Date of Gift, Bequest, or Grant Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of Item as determined by
F	receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift, bequest, or grant and purpose thereof:	
Boys Christmas fund	
boys ciristinas tuna	
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any department of	the state or received by the Governor on behalf of the state.
tatement of Affirmation:	
	the state of the s
affirm that the gift, bequest, or grant reported oner and assessment of the fair market value (if applicable) is correct and true	above is accurate. I further affirm that the information concerning the up to the best of my knowledge.
of the last established the last market value (it approaches) to see the	,
٧.	December 13, 2007
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Revised 06/05

IA ETHICS AND CAMPARINIUSCANDUBANPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A 2007 DEC 13 PMP Fax: (515)281-3701

www.lowa.gov/ethics



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DEPARTMENT OR OFFICE RECEIVING THE	GIFT	, BEQUEST,	OR 1	GRANT:
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State Training School	
Name of Department or Office	Ldora, IA, 50627
	ity, State, Zip Code
641-858-5402	
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC)上:
Millie Dagit	
Name	Eldora, IA, 50627
3211 Edgington Ave Mailing Address (if different from above)	City, State, Zip (if different from above)
mdagit@dhs.state,ia.us	Area Code & Telephone Number (if different from above)
Email Address	Area Code & Felephone Number (Indifferent norm abovo)
ONOR OF GIFT, BEQUEST, OR GRANT:	
American Legion Aux	
Name	
720 lyon St Des Moines, Ia 50309	12/12/07 \$ 95.00
Mailing Address City, State, Zip Code	12,12,07
	Date of Gift, Bequest, or Grant Amount/Value*
Area Code & Telephone Number	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift, bequest, or grant and purpose thereof:	
Boys Christmas fund	
Boys Christmas fund	
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Criteria to use this form: Receipt of any gift, bequest, or grant that is received by any department tatement of Affirmation: Millie Dagit affirm that the gift, bequest, or grant report	ted above is accurate. I further affirm that the information concerning the
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CAMPINATEDISCOS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A 2007 DEC 13 PM 20d5moines, IA 50319

Fax: (515)281-3701 www.iowa.gov/ethics



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and Campaign Disclosure Board and the Government Oversight Coporovide a copy of this report to the Government Oversight Committe	mmittee. The Board will
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, O	PR GRANT:
State Training School	
Name of Department or Office	ora, IA, 50627
Mailing Address City	y, State, Zip Code
641-858-5402 Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	
Millie Dagit	
Name	
3211 Edgington Ave. Mailing Address (if different from above)	Eldora, IA, 50627 City, State, Zip (if different from above)
mdagit@dhs.state_ia.us	
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT:	
American Legion Aux	
Name	
Box 400 Sutherland, Ia 51058	
Mailing Address City, State, Zip Code	12/12/07 \$ 25.00
	Date of Gift, Bequest, or Grant Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by
Email Address (optional)	receiving department or office. If no value mark "0.00",
(operation)	
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Boys Christmas fund	
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Millie Dagit	
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	December 13, 2007
Signature)	Date
	Patt